# SCHEDULE B (FEC Form 3X)
## ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b  ☐ 22  ☒ 23  ☐ 24  ☐ 25  ☐ 26
☐ 27  ☐ 28a  ☐ 28b  ☐ 28c  ☐ 29  ☐ 30b

PAGE 49 / 54

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NAME OF COMMITTEE (In Full)

American Academy of Neurology Professional Association BrainPAC

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**A.**

Full Name (Last, First, Middle Initial)

Friends Of Rosa Delauro

Mailing Address  12 Trumbull Street

| City | State | Zip Code |
|------|-------|----------|
| New Haven | CT | 06511 |

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: ☒ House  ☐ Senate  ☐ President
State: CT  District: 03

Disbursement For: 2009
☒ Primary  ☐ General
☐ Other (specify) ▼

Category/Type: 011

**Transaction ID:** 30033443
Date of Disbursement
M M 0 6 / D D 0 9 / Y Y Y Y 2 0 0 9

Amount of Each Disbursement this Period
500.00

Campaign Contribution

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**B.**

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address  PO Box 23940

| City | State | Zip Code |
|------|-------|----------|
| Santa Barbara | CA | 93121 |

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House  ☐ Senate  ☐ President
State: CA  District: 23

Disbursement For: 2009
☒ Primary  ☐ General
☐ Other (specify) ▼

Category/Type: 011

**Transaction ID:** 30077300
Date of Disbursement
M M 0 6 / D D 1 5 / Y Y Y Y 2 0 0 9

Amount of Each Disbursement this Period
1000.00

Campaign Contribution

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**C.**

Full Name (Last, First, Middle Initial)

Bill Cassidy For Congress

Mailing Address  8550 United Plaza Blvd.
Suite 1001

| City | State | Zip Code |
|------|-------|----------|
| Baton Rouge | LA | 70809 |

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. William Cassidy, MD

Office Sought: ☒ House  ☐ Senate  ☐ President
State: LA  District: 06

Disbursement For: 2009
☒ Primary  ☐ General
☐ Other (specify) ▼

Category/Type: 011

**Transaction ID:** 30077301
Date of Disbursement
M M 0 6 / D D 1 5 / Y Y Y Y 2 0 0 9

Amount of Each Disbursement this Period
1000.00

Campaign Contribution

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SUBTOTAL of Disbursements This Page (optional) ......................................................... ▶   **2500.00**

TOTAL This Period (last page this line number only) ....................................................... ▶

FE6AN026

FEC **Schedule B ( Form 3X) (Revised 02/2003)**